The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVIII MARCH, 1962 NO. 3

THE DOCTOR AND HIS HOBBY

(See Page 12)

Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, MARCH, 1962

EDITORIAL

GOVERNMENT MEDICINE THROUGH V.A. CHANNELS

A recent announcement by Dr. William S. Middleton, Chief Medical Director of the Veterans Administration, should serve to remind us again of the government's ever increasing role in medical care, a role which is often allowed to go unnoticed and unrestricted.

Dr. Middleton's announcement calls for a program which would convert, modernize and replace V.A. hospitals over the next eleven years, at a cost of over one billion dollars. Congress has already appropriated $75,000,000 per year for the past two years for this purpose, and Dr. Middleton has some assurance that this bill will be automatic during the next decade or so. It should be noted that the total cost of the Department of Medicine and Surgery of the V.A. for the fiscal year of 1960 was $927,752,179.

With the recent improvement in the management of tubercular and neuropsychiatric problems, these specialized installations have become practically "relics of the past". It is planned that these facilities, wherever possible, be converted into general hospitals, one prototype, now under construction, will replace the Mount Alto, (Cal.) Hospital. This will convert a 710 bed hospital for psychiatric and Tbc. care into a 240 bed facility for general hospital

care. When completed, the entire program will provide 170 major hospitals with facilities and staffs to treat any and all kinds of illnesses, including long term chronic disease. While conversion and modernization is planned for most hospitals, others, said to be obsolete, will be replaced and this includes some built since W.W. II.

Some idea of how the converted facilities will be utilized can be gained by a review of some of the legislation introduced in the past several months: Rep. Flood's HR 4242 would provide out-patients chiropractic services for veterans, while HR 4685 would exempt W.W. I veterans from declaring their financial status as a condition for admission to V.A. hospitals. This would do away with part of the seeming collusion currently manifested by admitting veterans with non-service connected conditions. How soon before this exemption will be extended to W.W.II and Korean veterans is hard to say. H.R. 4769 would abolish the 125,000 bed ceiling under which the V.A. hospitals program now operates. One wonders if this is not going to be a must under the billion dollar face-lifting already under way. H.R. 4583 would provide medical care to widows of W.W.I veterans.

With the planned physical expansion program at a cost of over a billion dollars and with the proposed embracement of more and more categories in the "free" care programs under the V.A. system, this agency alone threatens to become a major factor in the continuously increasing fiscal insolvency of the Federal government. Such is the heritage to be thrust upon succeeding generations!

F. E. H.

OUR BULLETIN BECOMES OF AGE

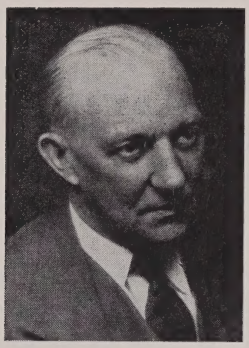
The Hampden Hippocrat is 20 years old today.

Its first issue (Vol. I, No. 1) appeared in March, 1942. As bulletins go it was a small, modest, 8-page publication, but in terms of significance it surpasses by far any of the issues that followed. It is one thing to publish a bulletin and quite another to establish one, or to start from scratch. In this respect due credit must be given to a small group of inspired and dedicated men who conceived the idea and engineered it into a first class Society bulletin. The prime movers in that group were Drs. E. P. Bagg of Holyoke and the late W.A.R. Chapin, both of whom also headed up the first Board of Editors. Other members of the Board were the late Drs. Patrick Gear of Holyoke and George Steele of Springfield.

Featured prominently in the first volume were letters from some of our service men on the far flung battlefields of World War II. We find there also notice of the recently organized Blue Shield allowing $35.00 for an Obs. case. Most of all we discover that our profession even then had its share of trials and tribulations. This is well expressed in a congratulatory message in Vol. I, No. 1 of the Hippocrat, and reprinted on page 21 of this issue.

M.

President's Page



COMPULSION vs. FREEDOM

During the Revolution that made this a free nation, compulsion to serve was not needed, so strong was the desire in the hearts of patriots for freedom.

During the Civil War lessened mass fervor required compulsion that was often evaded by hiring a substitute.

It is natural that a free people abhor compulsion, yet over the years it has become increasingly invoked with the majority consent of the governed.

It would seem that a public conscience is replacing a personal one in that we endorse or accept a national good that we might postpone or reject as individuals.

The American Medical Association problem seems to desolve upon this issue.

Do the "times", the status of medicine and impending legislation necessitate self imposed compulsion by a vote of the majority?

Hampden District has voted in the negative. The Council of the Massachusetts Medical Society has voted in the affirmative.

Your vote should be counted at the annual meeting of the membership at the Massachusetts Medical Society on May 22 - 24, in Boston.

Jerry Whitney, M. D.

FROM HEADQUARTERS

Assistant Secretary

At its last meeting (2/20/62) the Executive Committee elected Dr. Henry G. Ring to the post of Assistant Secretary of the H.D.M.S.

Councilor

Dr. Norman A. Pokorny was appointed Councilor to the M.M.S. to complete the unexpired term of Dr. Louis A. Izenstein, resigned.

Congratulations!

For the first time in many a February all members of the H.D.M.S. have paid their dues and assessments — consequently no one is in arrearss.

Publicity Guidance

Publicity in the various news media, newspapers, radio or TV, is permissible but only after due clearance in accordance with the rules of the Publicity Guide of the M.M.S. Moreover, no member is authorized to speak in behalf of the Society, not even by inference. Recently there has been an increase in this type of publicity without proper clearance.

Committee Chairmen!

Your annual reports, if informational in character, should reach H.D.M.S. headquarters and the Hampden Hippocrat before March 20th.

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ATTENTION COMMITTEE CHAIRMEN!
FINAL REMINDER

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only two requirements are: (1) that the report not exceed the maximum of 300 words (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 24.

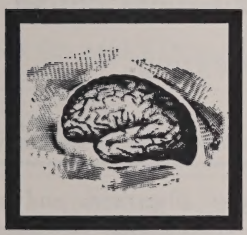
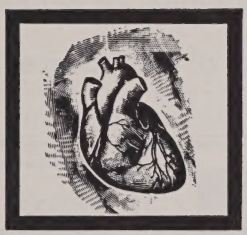
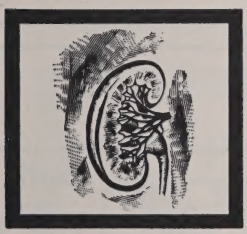
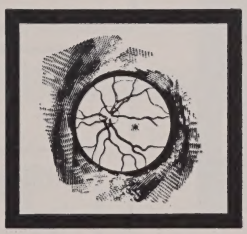
Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will instead report to their respective Parent Committees.

Your cooperation is urgently requested.

Ray T. Smith, Secretary

4 essential actions in one Rx: to bring most hypertensive patients under control

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AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 22, 23 and 24. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS, MARCH 20 AND APRIL 17, 1962

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 24, 1962

PEDIATRIC GUEST SPEAKER, SPRINGFIELD HOSPITAL, MARCH 22, 1962 (Page 27)

SPRINGFIELD ACADEMY OF MEDICINE, APRIL 10, 1962 (Page 27)

AMERICAN ACADEMY OF GENERAL PRACTICE, LAS VEGAS, APRIL 6 - 12

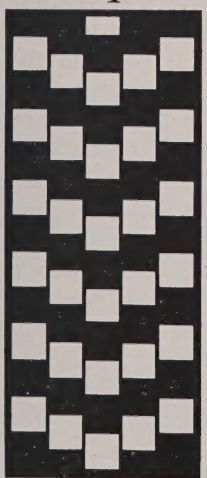
AMERICAN COLLEGE OF PHYSICIANS, PHILADELPHIA, APRIL 9 - 13

CENSORS MEETING, MAY 3, 1962

M.M.S. ANNUAL MEETING, BOSTON, MAY 22, 23, and 24, 1962

A.M.A ANNUAL MEETING, CHICAGO, ILLINOIS, JUNE 25 - 29, 1962

can parallel lines diverge?



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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.

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THE HOUSE OF DELEGATES

Its Anatomy and Physiology

In the February issue of the Hippocrat an article describing the structure and function of the Council of the M.M.S. appeared. It would seem timely to describe similarly the anatomy and physiology of the AMA's House of Delegates, especially since a considerable amount of misunderstanding concerning it still seems to prevail.

First of all Delegates are not *appointed,* as some people believe; they are *elected,* and in the following manner:

(a) Every District Society elects at its annual meeting a nominating councilor and an alternate nominating councilor. In our own District these offices are held currently by Drs. Reilly and Miller respectively.

(b) Once a year or oftener, these councilors meet in Boston and nominate, among others, Delegates to the A.M.A., whenever vacancies exist. (Delegates are elected for 3-year terms.)

(c) At the Annual Meeting of the M.M.S. these nominations are voted upon, and, as in any democratic society, nominations are accepted also from the floor. Council, at its February meeting, approved a list of "expectations" recommended by an Ad Hoc Committee to study Guides for Nomination of Delegates to the A.M.A. (See page 25)

Each State Society is allowed one delegate per each thousand or fraction thereof, of its membership in the A.M.A. Our state has six delegates and six alternate delegates.

One of the arguments in favor of so-called compulsory membership in the A.M.A. is that it would increase the number of our Delegates from six to seven.

The House of Delegates meets twice a year. Before each meeting both the Delegates and the alternates receive voluminous information concerning the forthcoming agenda in the form of a Handbook of the House of Delegates. This contains all the reports from the Trustees, various Councils and Committees, all of which are to be considered at the stated meeting. The material is extensive, requiring considerable preparation. On the first day of the meeting a number of resolutions are presented, and these are added to the agenda for subsequent action. All the reports and resolutions are then referred to reference committees where they are discussed at length, not only by Delegates and their alternates, but by any member of the AMA who may wish to express his views on the subject under consideration. All this material is then returned to the House for final vote by the Delegates.

If a state's delegation is instructed by mandate how to vote on a particular issue, it votes in this manner regardless of its own opinion or opinions. If the delegates are not instructed, they judge the situation on its merits and vote accordingly. From personal observation I can truthfully state that the Delegates from Massachusetts work very hard, are articulate and serve their constituents well. The fact that one of our delegates is Speaker of the House should be evidence of this. It is hoped that this short summary will serve to inspire members of the Hampden District Medical Society to speak henceforth of the AMA as "We" instead of "It" or "They".

Donald R. Hayes, M.D.

FEBRUARY (6) MEETING BY FLASH BULB

L. to r. Mrs. C. S. D'Avanzo, Pres. Auxiliary; Mrs. D. W. Wallwork; Dr. R. T. Miller, Vice pres., H.D.M.S.; Dr. D. W. Wallwork, Pres. M.M.S. and guest speaker; Dr. J. A. Whitney, Pres.; Mrs. V. M. Purdy, Exec. Sec., Dr. R. T. Smith and Dr. B. L. Wales, Treas., all of H.D.M.S.

Panoramic view of part of membership in attendance.

HYPNOSIS IS A MEDICAL PROBLEM

Hypnosis would appear to some to be a newly discovered therapeutic technique, dramatic and sensational in its application and results; but, contrary to current belief, hypnosis, as was so aptly expressed by one author, "is as old as time".

One notes innumerable references to hypnotic-like procedures in the Bible—the laying on of hands, etc.—to effect cures. The Greek and Egyptian priests used hypnosis over two thousand years ago in the treatment of various ailments. However, although in use for centuries, true to historical precedent, it has risen to popularity from time to time, and then fallen into disfavor. We seem to be in the midst of one of the periodic revivals of interest in hypnosis and hypnotherapy at the present time.

Hypnosis has also suffered the fate of other methods of therapy which have become associated with charlatanism and religiosity, and which have been hailed with undue enthusiasm. Dr. James L. McCartney writes about "The Miracle of Faith Healing", in which he refers to cures and conversions brought about by various dynamic evangelists, and which in his opinion are convincing demonstrations of hypnosis.

Hypnosis is a psychological skill that requires training and considerable knowledge of the dynamics of human behavior, as well as physical make-up. It is a valid modality when used as a goal-limited form of psychotherapy in a professional setting, by a professional person with special training.

There are many misconceptions regarding hypnosis, one of them being that one would have to possess "innate gifts" in order to be able to hypnotize. Actually, anyone can learn hypnosis. There have been performers who have capitalized on the long-existing erroneous belief that some people are endowed with a power to influence others either by direct or indirect contact. They have implied that they possess an uncontrollable magnetic power in their eyes that will produce a hypnotic state in certain individuals. This, of course, is not true but enhances the mystical effect that the performer is striving to create. It is regrettable that there is a segment of the public for whom such deception and mysticism have tremendous appeal and morbid interest, and who are unfortunately easy prey for the charlatans.

Other misconceptions relating to hypnosis are: (1) that medical or dental hypnosis can be learned from a stage hypnotist; (2) that hypnosis means a state of unconsciousness; (3) that hypnosis weakens the mind; and (4) that a hypnotized person will tell his secrets.

Some time ago one of the district branches of the American Psychiatric Association held a symposium on hypnosis that was participated in by four of this country's outstanding hypnotists, all of whom were psychiatrists. The salient points of the meeting, concurred in by all of them were: (1) that hypnosis should be used as a supplement to other forms of therapy; (2) that there were indisputa-

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ble dangers involved when used by improperly trained individuals; and (3) that its use as a form of entertainment was deplorable.

Hypnosis presents advantages and disadvantages, both of which must be considered if any attempt is to be made to evaluate its place in medicine. Among the disadvantages are the following:

(1) It deals with symptoms rather than causes.
(2) Everyone is not hypnotizable; examples: children under 4, seniles, the feeble-minded, certain kinds of neurotic patients, and psychotics.
(3) Being hypnotized by adequately trained professional people is almost always quite harmless; but, in some, it may produce brief post-hypnotic symptoms—viz., nausea, dizziness, headache, confusion, and disorientation—and may provoke uncontrollable laughter in some unstable individuals.
(4) Sexually preoccupied unstable persons might view the hypnosis as a sexual assault and later involve the hypnotist in extensive litigation.
(5) Hypnosis by a charlatan might precipitately bring into consciousness a repressed idea or earlier experience, and cause quite an emotional upheaval in the individual which may be followed later by considerable anxiety.

In England the use of hypnosis is forbidden by law by any person other than physicians; the hope has been expressed that similar restrictions might be imposed in this country.

In April, 1955 the British Medical Association reported the following:

(1) Hypnosis is of value and may be the treatment choice in some cases of psychosomatic disorder.
(2) It is valuable for revealing unrecognized motives and conflicts.
(3) As a method of treatment, it has proved its ability to remove symptoms and to alter morbid habits of thought and behavior.
(4) Descriptions, therapeutic possibilities, and limitations of hypnosis should be taught to medical undergraduates.
(5) The clinical use of hypnosis should be taught to medical graduates, particularly psychiatrists, obstetricians, gynecologists, and anaesthesiologists, as well as to others who practice in any of the fields of psychological medicine.
(6) University departments and research foundations should institute more research along clinical and experimental lines.

In conclusion, hypnosis has an adjunctive therapeutic role in the hands of a properly trained physician or dentist, but should be forbidden as a form of entertainment or exhibitionism by a performer whose ultimate goal is self-aggrandisement and monetary gain.

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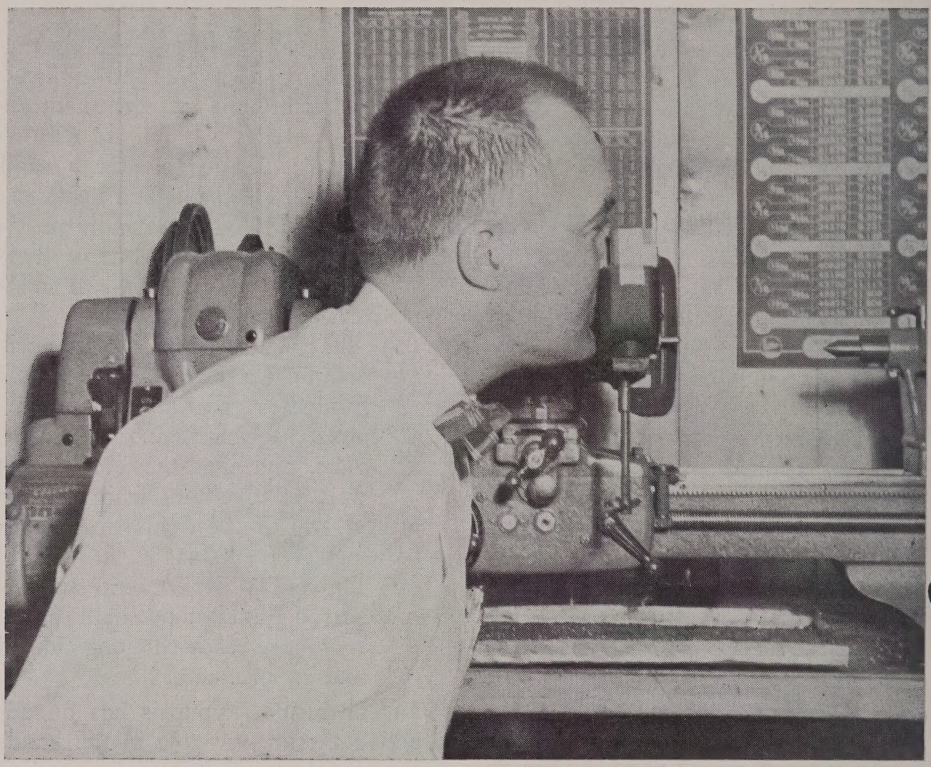
XI — Astronomy



The appeal of the skies is ancient and universal dating back historically to the Egyptians and Babylonians. Although we have no written records of their interest in astronomy, there is much indirect evidence that prehistoric man used astronomical knowledge to such practical ends as navigating the broad expanse of the Pacific Ocean. Until the seventeenth century, man's observations of the heavens were limited by the acuity of human vision. The invention of the telescope provided a great impetus to the acquisition of astronomical knowledge.

Making your own telescope is simply a matter of desire and plenty of hard work. The "how to do it" literature is extensive and easily available. The devotees of the art are numerous enough so that the tyro can obtain advice if he seeks it. Although not an easy task, the making of a truly fine optical telescope is within the capacity of anyone except the born bungler. The handiwork involved does not require special tools; it can be taken up or left on short notice (a desirable feature for physicians), and is exacting enough to challenge even the most experienced "do it yourselfer".

Telescopes are divided into two chief classes—reflectors and refractors. Reflectors are so named because their principle optical element is a concave mirror; they reflect light to a focus.

Refractors, by contrast have a lens for the principal optical element and form an image by bending, or refracting, light to a focus. In addition there are several types called catadioptric telescopes which incorporate both lenses and mirrors in their optical systems. The beginner at telescope making is advised to leave these catadioptric systems strictly alone!

The first effort for most amateurs (and, alas, often their last) is a reflecting telescope of six inches aperture and Newtonian design. This makes an excellent telescope. It is the type I am using in the illustration. It was first designed and made by the illustrious Isaac Newton. Because of the superior materials available today, the amateur can construct a scope which will surpass the performance of Newton's instrument! Several years ago, I had the opportunity to see an exact scale model of Isaac Newton's original telescope — the primary mirror was scarcely two inches in diameter whereas mine is six inches in diameter. Since the light gathering power varies with the square of the aperture, my scope will see objects which are nine times dimmer than the faintest seen by Newton's! Considering how much our predecessors achieved with their modest instruments, one is filled with admiration for them.

There are two courses open to anyone after he has completed his first scope. One reaction is never to have anything more to do with such foolishness as telescopes or optics. The other course is to look around for other optical fields to conquer. There are plenty of them! This is about the stage I have reached. Presently, I am in the process of building a catadioptric (combined reflecting and refracting) system. The optical part of this work is nearly done and represents two years of spare time effort. In the final stages the work progresses very slowly with frequent stops to make optical checks on the work. In the illustration (above) I am using the optical tester on one of these elements. My estimate is that another year will be required to finish this instrument including its mounting. The pleasure of having such a fine instrument will be doubled by having constructed it.

Anyone for telescope caking? Or perhaps you'd prefer a nice cyanide cocktail?

R. W. Scott, M.D.

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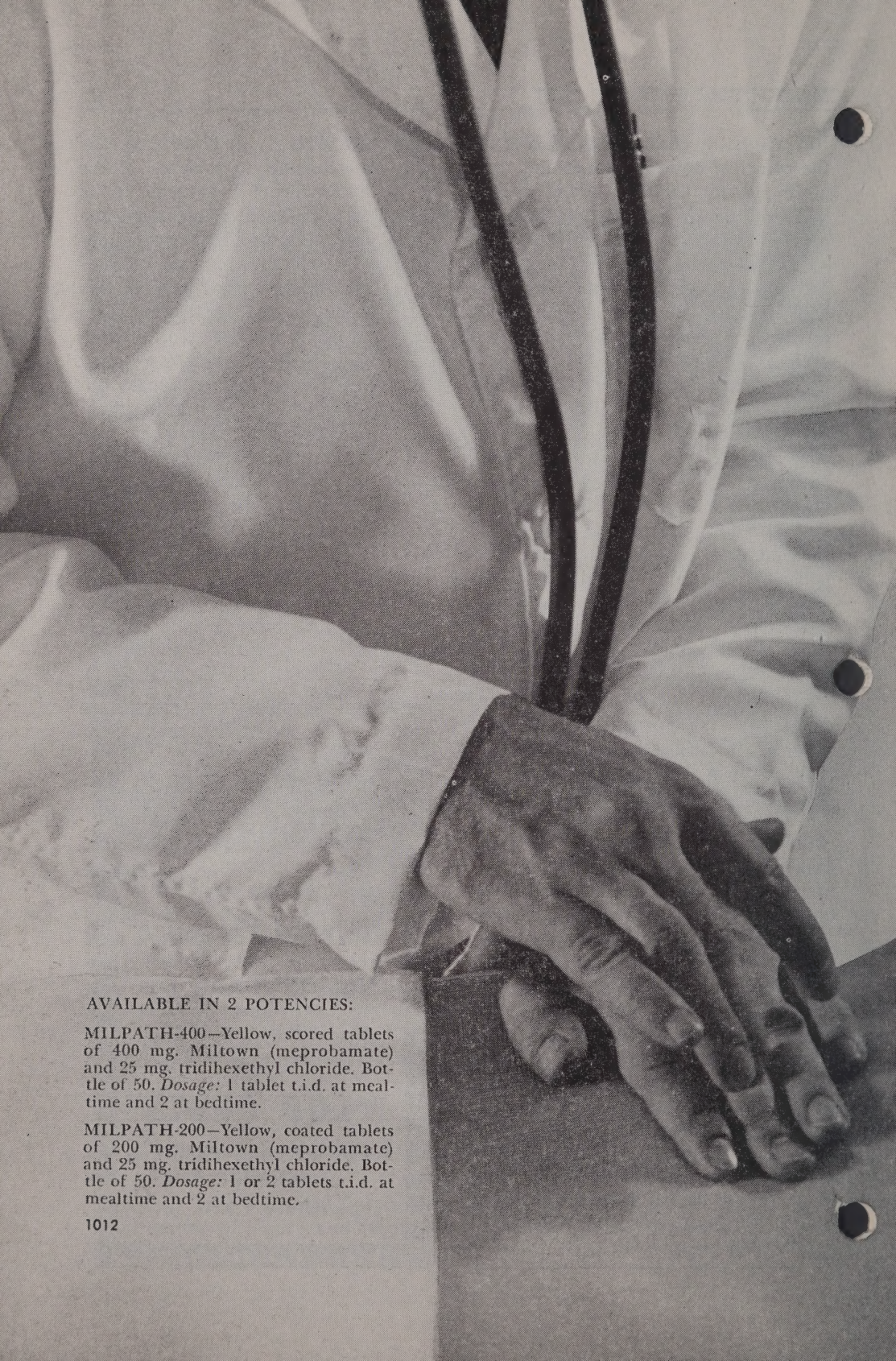

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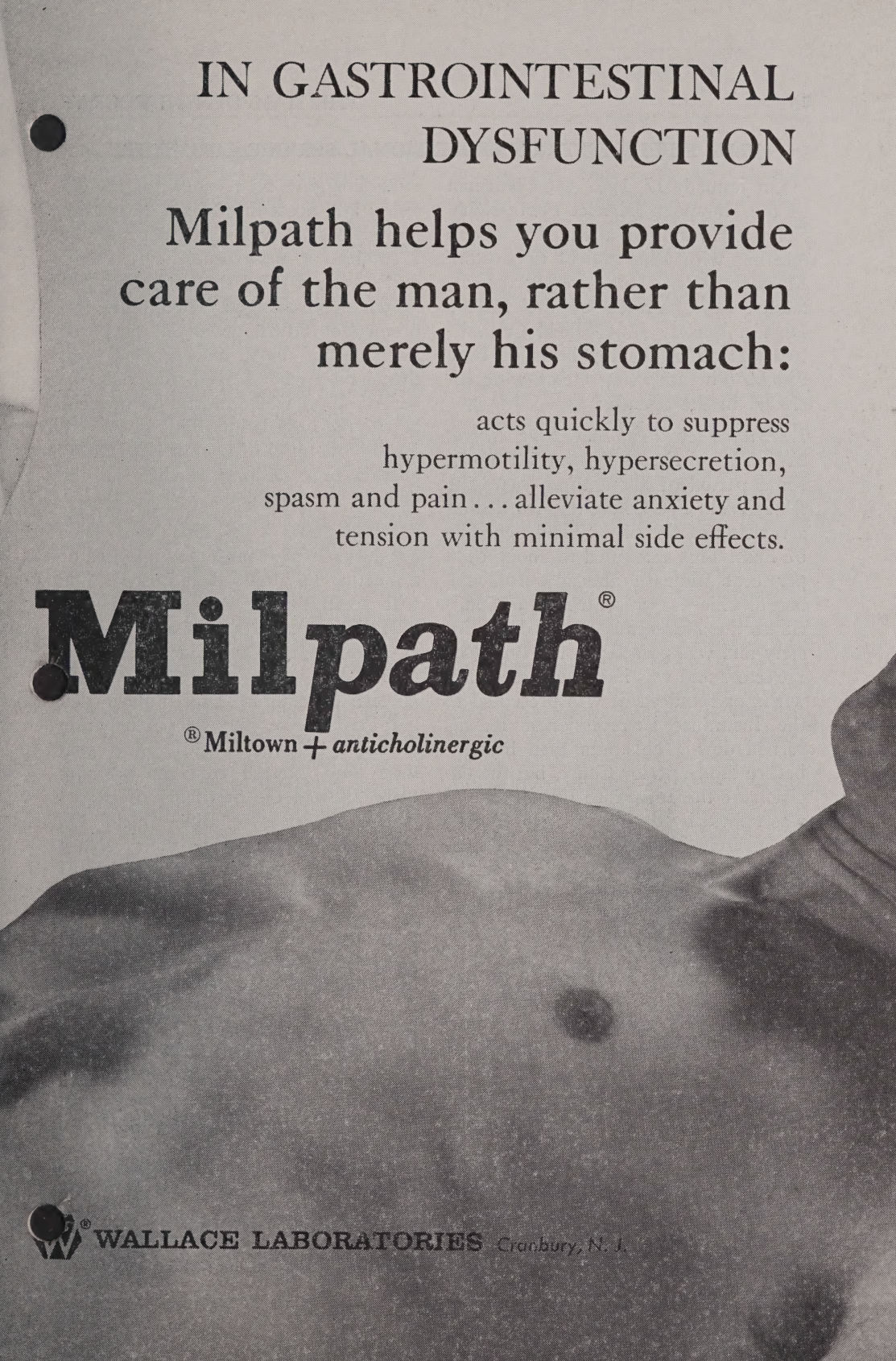

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BLUE SHIELD DISTRICT PROFESSIONAL SERVICE COMMITTEE

On Januady 17, 1962, the Chairman of the Hampden District Professional Service Committee attended a group meeting with Blue Shield in Boston, Massachusetts. This meeting was attended by Chairmen of the various District Society Blue Shield Committees and all of the top brass of Blue Shield. The following items were included in the agenda:

1. *Status of Proposed Blue Shield Schedule of Fees* - As you all know, for a period of about three years the Blue Shield Fee Committee worked on a revision of the Blue Shield Schedule of Fees. This amounted to about a ten per cent increase almost across the board. This was presented to the Council of the Massachusetts Medical Society and was passed; to the Board of Directors and was likewise passed; but when, as required, it was presented to the Insurance Commissioner, it was turned down. This was then brought before the Superior Court, but the decision of the Insurance Commissioner was upheld by the presiding judge. At the present time the matter will be brought up to the Supreme Court of the State for a hearing sometime in March of 1962. The Insurance Commissioner gave no reasons for his decision and according to law is not required to state why a decision may be favorable or unfavorable. It seems quite evident that the Enabling Act needs to be changed. Should the Supreme Court turn down this proposed Schedule of Fees, the problem will then have to be shelved until December of 1963 when it can be brought before the Legislation. This is, indeed, a sad blow to all of us, but regretfully, at this time nothing further can be done.

2. *Podiatrists* - In 1961 your Blue Shield Chairman presented minutes of a meeting he attended in Boston. You will recall that it was stated that in 1959 the Podiatrists were able to effect an amendment to the Blue Shield Enabling Act which granted them permissive legislation. This implied that the Podiatrists "may be participating members of Blue Shield". Since that time they exerted constant pressure to be allowed the privileges of participating members of Blue Shield. On three separate occasions their request was turned down by the Council of the Massachusetts Medical Society.

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The Council suggested that perhaps a rider might be incorporated with Blue Shield Contracts whereby patients would be able to buy Chiropody service if so desired. The Podiatrists, however, turned this down as unsatisfactory. At the present time there is a bill in the Legislature to amend the Enabling Act so that the "may" would be changed to "shall". Blue Shield urged that all members of the Massachusetts Medical Society write or telegraph their Legislators indicating opposition to the bill.

3. *Blue Cross Long-Stay Admissions Review Program* - All of us are fully aware of the constantly recurrent criticism doctors and hospitals are subjected to because of the high cost of medical care. Because of the constant pressure doctors, hospitals, and Blue Cross are subjected to, it was felt advisable to review long term hospital cases where, obviously, the costs skyrocket. As a measure of anticipation, Blue Cross felt the need to evidence its concern relative to this high cost of medical care and be prepared to answer whatever charges may be leveled at them politically or otherwise. Blue Cross therefore undertook a study in twenty hospitals in the Commonwealth, the hospitals being picked entirely at random, the study concerning patients who are in the hospital for thirty days or more. An attempt was made to uncover reasons for these long term stays. This, at the moment, is entirely a review program and was not initiated to uncover abuses.

4. *Blue Shield Aid Plan for over* 65 - It was announced to us at this meeting that Blue Shield released to the newspapers a new care plan aimed at people over 65. This is a nationwide Blue Shield program to provide surgical and medical care at an estimated minimum cost benefits for all persons over 65. This program was sponsored by the A.M.A. and is one of the efforts to fight President Kennedy's plan to place health care of the aged under Social Security. This is a private hospitalization plan for retired persons over 65 under which the Federal government would be asked to pay the premiums for all those unable to do so. It involves the principle of ability to pay, with the needy receiving the most assistance. The proposed new program would provide for surgery whether performed in a hospital or a licensed nursing home. Blue Shield program would pay the full

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cost of medical-surgical services for a single person over 65 with an annual income of $2,500 or less and for a husband and wife whose combined annual income is $4,000 or under. Enrollees with incomes above these limits could be subject to an additional charge at the discretion of the individual physician. The cost for this program would be about $3.00 a month per person.

5. During the past month your Chairman has received several complaints from physicians, one a written request from the Staff of the Holyoke Hospital, to investigate the increasing problem whereby indigent patients with Blue Cross-Blue Shield are requested to be admitted as Ward patients so that Welfare can pay for the difference between Blue Cross and the actual hospital costs. When the Kerr-Mills program went into effect, (M.A.A.) Medical Aid to the Aged, it was clearly specified that patients within 15 miles of a teaching center would be required to be admitted to that institution where they would be Ward patients. This was regardless of whether they carried Blue Cross-Blue Shield or not. If these patients had Blue Cross or Blue Shield and were eligible income wise for aid via M.A.A., welfare would supplement Blue Cross in the total coverage of hospitalization. The State Welfare Department insisted, however, that people under this program would forfeit their Blue Shield benefits, i.e.: they were strictly house cases. Doctor Hayden informed us at this meeting that this has now been changed. If a person having Blue Cross and Blue Shield is eligible for aid via M.A.A. and applies for this aid, his Blue Cross will be supplemented and at this time the attending physician can bill and expect to be paid by Blue Shield. A statement to this effect will be issued by the Boston office.

I was very pleased to note that Blue Shield seemed concerned that the various County Societies be kept more up-to-date on the various goings-on of Blue Shield. In this direction the officials suggested quarterly meetings of the Blue Shield Chairmen. This was unanimously agreed upon by all of those present.

Respectfully submitted,
Walter J. J. Nero
Chairman

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YOUR COMMITTEE OF CHOICE

For the second time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preferences on a piece of paper, sign it and forward it to Dr. Ray T. Smith, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees appointed by the president.

Ralph T. Miller, M. D.
Vice President and President-Elect

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"BACKWARD, TURN BACKWARD"

(On the occasion of the Hippocrat's 20th Anniversary)

In addition to the several valid reasons advanced by 1942 A.M.A. President Lahey (opposite column) for the founding of the Hippocrat our Society had two or three extra ones: to encourage Hampden in the support of the war effort, to furnish enlisted fellows with home news, and to offer a sounding board for their gripes. One gifted fellow did sound off on his war experience and with such eloquence that he narrowly escaped a court martial when the manuscript was published. But the early hopes that fellow members would rally 'round with questions, opinions, suggestions or even complaints, for such a bulletin, only slightly materialized.

At the very beginning the Society advanced the Hippocrat, with some reservation, $500 as working capital, with the tacit understanding that henceforth the bulletin would be fiscally autonomous and self sustaining. After a few short years the $500 were repaid and in subsequent years another $1,000 were turned back to the Society. In the meantime the modest eight-page quarterly had become a 32-page monthly publication. The improved quality of the paper, numerous illustrations and the two-tone cover designs, all are indices of prosperity. Indeed "Hippo" has become of age!

Uncertainties of the Founders — real enough in the first decade — have resolved in the second. Earnest congratulations are in order to all those who have contributed in one way or another to the fashioning of our now full-grown bulletin, the Hampden Hippocrat.

E.P.B.

A MESSAGE FROM DR. FRANK LAHEY

1942 President of The American Medical Association

(Editor's Note: Below is Dr. Lahey's congratulatory message on the establishment of the Hippocrat, reprinted from Vol. I, No. 1.)

Regarding a proposed Hampden District Medical Society Hippocrat, I am writing to tell you that I think it is an excellent idea. It serves a very useful purpose in keeping the members of the District informed of what is going on, it keeps up their interest in the Society, and in addition to that it makes possible what is now so necessary. If ever there was a time when it is necessary for medicine to be organized, united and informed, it is now. It is necessary in terms of national needs, it is necessary in terms of criticism of medicine, unjustifiable, I believe, but nevertheless the criticism is there. It is necessary particularly in view of this in terms of medicine acquitting itself well in terms of national needs.

I have recently returned from Wyoming, Idaho and Oregon. It is my conviction that everywhere organized medicine is very conscious of its responsibility and is doing a very excellent piece of work. If I could be as sure that the country in general is as aware of its obligations and its responsibilities, I would feel better than I do about the present situation.

I believe that such an agency as this would bring your District closer together in times of peace. In these times, which could hardly be described as those of peace, this would seem even more desirable and helpful.

Sincerely yours,

FRANK LAHEY

AUXILIARY DOINGS

A.M.A.F. Mrs. Edwin Gillis reports that our contributions now total $105. That the fund may continue to grow, members of the Auxiliary are urged to sponsor benefit bridge parties in their homes within the next few weeks. Special A.M.E.F. playing cards are now available through the State Auxiliary. They come boxed, two decks for $2.00, and ninety cents of the price is credited to the District Auxiliaries' A.M.E.F. fund. This is an idea for bridge prizes or gifts—and they could become collector's items! Order yours through Mrs. Gillis, 54 Western Ave., Westfield.

HEALTH CAREERS. Mrs. Irving Hoff and Mrs. Robert Sears, through letters to school counsellors, are publicizing opportunities in careers related to medicine and information on scholarships for study in Hampden County. Special recruitment events are in the planning stage for early spring.

SCHOLARSHIPS. Applications for scholarships in fields allied to medicine must be completed and mailed before May 1st to Mrs. William Kisiel, 61 Meadowbrook Road, Longmeadow. Do you know of any likely candidates—children of patients, perhaps, or friends of your children? Help us find the right young people to be trained in fields important to the health of the public.

Good word continues to come in on recipients of previous awards made by the Auxiliary. Miss Pauline Chapdelaine is President of her class at the Springfield Hospital. Miss Jean Dietel, with an A-minus average, ranks first of 41 girls at the Holyoke Hospital. Miss Mary Elizabeth Bilz, now in her second year at the Holyoke Hospital, has been elected Secretary of the Student Association and has maintained a cumulative B average since her entry in 1960. More success stories will follow.

FEBRUARY MEETING. Our guest speaker was Dr. Alfonso A. Palermo, exceptionally well qualified to speak on the subject of cancer. Preceding

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his discussion, an excellent film, produced by the American Cancer Society, was shown. Titled "Women need *not* die of uterine cancer", with Dr. Joe V. Meigs in the role of commentator, the film made its point clearly that early detection and prompt treatment can hold down the death rate in this type of cancer. Dr. Palermo stressed the importance of annual pelvic examination and recognition on the part of women of cancer's common danger signals. He reviewed improvements in the management of treatment and current trends in research on the problem. We wish the entire membership could have been present.

THE BAY STATER. Published three times yearly by the Woman's Auxiliary to the Massachusetts Medical Society. Hampden Auxiliary has been proud that our own Mrs. Leslie Parent is Editor and that three others of our members, Mrs. Roger Dudis, Mrs. Carlo Montori and Mrs. James Allan, are on the Editorial Board. This pride was augmented recently when Mrs. Harlan English, President of the Auxiliary to the American Medical Association, at the Mid Winter Conference held in Boston, made special mention of *The Bay Stater* and called it the very best Auxiliary organ in the nation. We hope you all read the column in the December, 1961 issue contributed by Mrs. J. W. S. Hartshorn, Jr., titled "Politics - Your Business".

Mrs. E. F. Franseen, Chairman
Publicity to Hippocrat

If it is newsworthy and medical, the Hippocrat would like to hear about it.

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COUNCIL MEETING HIGHLIGHTS

The Council of the M.M.S. held its February 7 meeting in John Ware Hall, Boston Medical Library. The meeting was called to order at 10:10 by President David Wallwork. After a moment of silence for those who had died in the interval, new appointments were announced. The legislation pending now in the State House on Fluoridation, Chiropractic, Chiropody, and Osteopathy was then explained. A Bill at present before the legislature which would nullify town votes in favor of fluoridation was opposed by the M.M.S. The Chiropractic Bill is again in evidence, but seems to have little support this year. The Chiropody situation has been considered extensively and is still in the Insurance Committee. It is hoped that members of the Society will contact this committee and urge an unfavorable report. The Osteopaths seek compulsory legislation to place an Osteopath on the Board of Registration in Medicine. Dr. Wallwork expressed the opinion that 300 Osteopaths in the State were not entitled to representation on the Board when there were 7,000 Physicians who would be left with much less representation. This bill is being opposed.

The Committee on Public Relations recommended that the M.M.S. contribute $500.00 to the Massachusetts Citizens Committee for Dental Health. This was approved. It also recommended that Council set aside $1,000.00 annually toward a 200th anniversary celebration of the Society which will be held in 1981. This recommendation was amended to read that the appropriation be approved annually, and passed by Council. The Committee on Publications recommended that the Council approve moving the New England Journal of Medicine to the new Countway Library when it is finished. It was felt that the N.E.J.M. might find itself without quarters if the present Medical Library structure was sold, and also that the Journal needed the proximity of a Medical Library for cross checking references of scientific articles before publication. Council approved the decision to move to the new library. The Committee on Finance recommended retirement plans for employees of the Society and that a contribution of $3,000 be paid to the American Education Foundation for the benefit of needy medical students in Massachusetts. This was voted.

The Committee on By-Laws and Council Rules reported a number of revisions to conform with actions taken by Council at various times. These were discussed and passed in the main. The matter of amending the charter of the M.M.S. was then considered. Opinions from legislative and legal counsel were introduced. The feeling of Council was that these revisions should be recommitted to the Committee for further study. It was so voted.

The greatest division of Council came on the question of implementing the October 4th action of Council in voting for compulsory membership of active members of the M.M.S. in the A.M.A. The changes in the By-Laws which would implement this action of Council were discussed at great length and with much oratory, but were finally approved by a vote of 121 to 96. The method whereby M.M.S. members would be enrolled automatically in the A.M.A. would be for the M.M.S. to collect dues for both organizations.

The Committee on National Legislation recommended that the M.M.S. approve the principles of the Ameri-

can Medical Political Action Committee (AMPAC), and this was done. It also recommended that Council of the M.M.S. approve the formation of a Massachusetts Medical Political Action Committee and this was also approved. The report of the Insurance Committee was accepted without debate. It dealt chiefly with insurance coverage of members of the M.M.S. through the Paul Revere Life Insurance Company and the Insurance Company of North America.

The report from the Committee on Pooled Funds was accepted with only minor debate, contrary to expectations. This Committee had an extensive report dealing mostly with methods of adjudging complaints referred to it. This was approved by Council.

Next came the report of an Ad Hoc Committee to Study Guides for Nomination of Delegates to the A.M.A. It presented the following guides for consideration by the Council:

Both the Committee on Nominations and the nominees must keep in mind what is expected of a delegate and alternate delegate to the House of Delegates of the A.M.A. The expectations:

1. Willingness to serve a minimum of at least six years.
2. Regular attendance.
3. Familiarity with and thoughtful consideration of matters coming before the House of Delegates.
4. Willingness to accept committee and interim committee assignments and to fulfill these assignments effectively.
5. Effective representation of expressed policies of the Massachusetts Medical Society.
6. Effective interchange of information and ideas between the A.M.A. and the Massachusetts Medical Society. Alternate delegates can make a significant contribution in this manner without ever actually succeeding to delegate's status. The only responsibilities the alternate delegates do not share with the delegates is the right to vote, the right to speak on the floor of the House and the right to be a member of a committee of the House.

The Committee on Disaster Medical Care presented five recommendations, all of which were approved. These dealt with (1) collective survival measures for the public; (2) cooperation of District Health Departments; (3) formulation of appropriate professional teaching sessions relative to care of mass casualties; (4) inviting members of allied health professions to join in the training programs as suggested in (3); and (5) encouraging hospitals to envision their operations relative to need of protection from radioactive fallout and blast effect.

A number of informational committee reports then followed, including those of Committees on Tax-Supported Medical Care, on Occupational Health and on Relative Value Studies.

The meeting adjourned at an unusually early hour - 4 p.m.

Miller

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CARDIAC SYMPOSIUM

The Seventh Annual Heart Symposium of The Massachusetts Heart Association, Western Chapter, will be held on March 21 and 22, 1962 at the Field House of the Massachusetts Mutual Life Insurance Co., 1295 State Street, Springfield. It will be conducted by Charles K. Friedberg, M. D., Richard Lasser, M.D., and Ephraim Donoso, M.D., all of the Mount Sinai Hospital, New York. The program follows:

Wednesday, March 21st

Morning Session

The diagnosis and management of the supraventricular tachycardias: Dr. Lasser

A-V dissociation and ventricular tachycardia: Dr. Donoso

Intermission

Heart Block and Adams-Stokes Syndrome: Dr. Friedberg

Panel on the Arrhythmias.

Afternoon Session

Classification and criteria for the diagnosis of coronary heart disease: Dr. Friedberg

Exercise electrocardiogram: Dr. Donoso

Intermission

Management of angina pectoris: Dr. Lasser

Panel on Angina Pectoris.

Thursday, March 22nd

Morning Session

Clinical diagnosis and differential diagnosis of acute myocardial infarction: Dr. Friedberg

Electrocardiographic and vectorcardiographic criteria in acute myocardial infarction: Dr. Lasser

Intermission

Treatment of acute myocardial infarction: Dr. Donoso

Panel on acute myocardial infarction.

Afternoon Session

Indication for surgery of acquired and congenital heart disease: Dr. Donoso

Treatment of refractory heart failure: Dr. Lasser

Intermission

Electrolyte disturbances in heart failure and their management: Dr. Friedberg

Open Panel Discussion.

This course is available to physicians who are interested in cardiology upon payment of a $15.00 registration fee. Please send your check to the Western Chapter, Massachusetts Heart Association, 145 State Street, Springfield, Mass. You will be notified if your registration arrives after the quota has been filled and your check will be returned.

John F. Griffin, M.D., Chairman
Professional Education Committee

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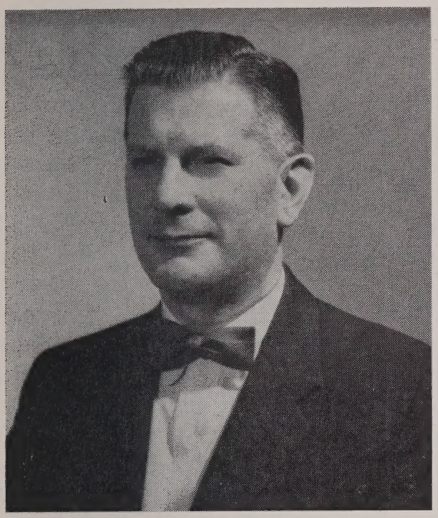

Theodore R. Miller, M. D.

At the April 10, 1962 meeting of the Springfield Academy of Medicine the speaker will be Theodore R. Miller, M.D., Instructor in Surgery, Cornell University Medical College, and Attending Surgeon and Radiotherapist, Neoplastic Diseases, Pack Medical Group, New York, N. Y. The topic of his lecture will be on "Problem of Gastric Cancer and Soft Parts Sarcoma". The pre-meeting clinical Conference will be at the Mercy Hospital at 5:00 p.m.

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PEDIATRIC GUEST SPEAKER

On Thursday, March 22, 1962, at the Springfield Hospital, the speaker will be Heinz F. Eichenwald, M.D., Professor of Pediatrics, Cornell University Medical College, Associate Attending Pediatrician, The New York Hospital, New York. His subject will be "Some Infectious Diseases of the Newborn Period".

On Thursday, April 12, 1962, Robert L. Cranny, M.D., Associate Professor of Pediatrics, The Albany Medical College of Union University, Albany New York, will speak on "Pediatric Endocrinology—A Pleomorphic Neophyte".

DOLLAR VALUE

Americans are spending nearly twice as much for recreation, alcoholic beverages and tobacco as for medical care, according to the Health Insurance Institute. Out of every dollar the public spends, more than 11¢ goes for the combined costs—recreation (5.9¢), alcohol (3¢) and tobacco (2.3¢)—while 5.9¢ is spent for medical care. Out of each medical care dollar, says the Institute, 30¢ goes to hospitals, 28¢ goes to physicians, 26¢ is spent for drugs and appliances, 10¢ goes to dentists and 6¢ for all other medical care.

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The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

CORRESPONDENCE

Medical Examinations For School Children Urged

Dear Hippocrat:

The American Medical Association has thrown its full support behind a new nation-wide campaign for periodic medical examinations for young people of school age.

The campaign is a vital part of the overall program sponsored by President Kennedy's Council on Youth Fitness and a reaffirmation of a continuing effort on the part of AMA. Formed in 1959 under former President Eisenhower, the bipartisan Council is presently coordinated by Charles B. (Bud) Wilkinson, football coach at the University of Oklahoma.

AMA's continued support of periodic health examinations was expressed in a letter sent to over 1,900 county medical societies by Leonard W. Larson, M.D., AMA president.

Procedures suggested for developing examination programs at the local level are contained in recommendations made by the National Committee on School Health Policies. The recommendations state:

"During their school years children should have a minimum of four periodic medical examinations—at the time of entrance to school, during the intermediate grades, at the beginning of adolescence, and before leaving school. Additional examinations should be made whenever something is suspected to be wrong.

"Medical examinations should be sufficiently painstaking and comprehensive to command medical respect, sufficiently informative to guide school personnel in the proper counseling of the pupil, and sufficiently personalized to provide a desirable educational experience."

AMA

More on Compulsory Membership

Dear Hippocrat:

At the October meeting of the Council of the Massachusetts Medical Society it was voted to make membership in the A.M.A. compulsory, following the example of some 12 other states. This was by no means a unanimous decision, it was bitterly opposed by some and was carried only after Dr. Carl Bearse, our ex-president, made an impassion plea for it. To judge by reports from other Districts at the February Council Meeting, a large portion opposed compulsory membership.

To soften the impact of this vote and make it possible for members of the M.M.S. to avoid belonging to the A.M.A. and still support the aims of organized medicine, Council at the February meeting provided that the M.M.S. would collect the A.M.A. dues along with those to the M.M.S. and as long as a member's dues were paid he did not necessarily have to formally belong to the A.M.A.

The chief objection to this type of membership has been the element of "compulsion" which is so foreign to our profession, and which we have opposed in other fields. Basically, I suppose, we are using compulsion to fight compulsion for it is only by presenting a united front that we can preserve certain freedoms, and create an organization that will be capable of bargaining for us as our world becomes more and more socialized.

The proposed changes in the By-Laws of the M.M.S. must be approved by the Membership at its Annual Meeting in May of 1962. This will offer the many opponents of the proposed By-Law changes an opportunity to disagree with Council if they so desire.

Ralph T. Miller, M.D.

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—Gelvin, E.P.; Kenigsberg, S., and Boyd, L.J.: J.A.M.A. *170*:1507 (July 25) 1959.

Smith Kline & French SK&F *Laboratories, Philadelphia*

FORMULA: Each 'Spansule' capsule No. 1 contains Dexedrine® (brand of dextro amphetamine sulfate), 10 mg.; amobarbital [Warning, may be habit forming], 1 gr. Each 'Spansule' capsule No. 2 contains 'Dexedrine' (brand of dextro amphetamine sulfate), 15 mg.; amobarbital [Warning, may be habit forming], 1½ gr. The active ingredients of the 'Spansule' capsule are distributed among hundreds of minute pellets with varying disintegration times. A therapeutic dose is released promptly and the remaining medication, released gradually and without interruption sustains the effect for 10 to 12 hours.

INDICATIONS: (1) for control of appetite in overweight; (2) for mood elevation in depressive states.

USUAL DOSAGE: One 'Dexamyl' *Spansule* capsule taken in the morning for 10- to 12-hour effect.

SIDE EFFECTS: Insomnia, excitability and increased motor activity are infrequent and ordinarily mild.

CAUTIONS: Use with caution in patients hypersensitive to sympathomimetic compounds or barbiturates and in coronary or cardiovascular disease or severe hypertension.

SUPPLIED: Bottles of 30 capsules.

Prescribing information adopted January, 1961.

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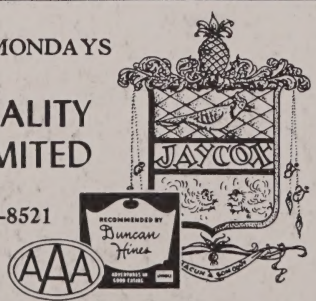

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